

**UNITED STATES DEPARTMENT OF COMMERCE**  
**United States Patent and Trademark Office**  
**Address: COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**[www.uspto.gov](http://www.uspto.gov)**



**CONFIRMATION NO. 9000**

|  |   |  |                               |  |                                |
|--|---|--|-------------------------------|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/697,103   | <b>FILING OR 371(c) DATE</b><br>10/31/2003<br><br><b>RULE</b>   | <b>CLASS</b><br>370  | <b>GROUP ART UNIT</b><br>2616 | <b>ATTORNEY DOCKET NO.</b><br>006389.00004 |                                |
| <b>APPLICANTS</b><br>Steven A. Rogers, Portsmouth, NH;   |   |  |                               |  |                                |
| <b>** CONTINUING DATA *****</b><br><div style="text-align: right; margin-right: 50px;">none RCS 4-9-07</div>   |   |  |                               |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: right; margin-right: 50px;">none RCS 4-9-07</div>  |   |  |                               |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 01/31/2004</b>   |   |  |                               |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <div style="margin-left: 100px;">Allowance</div> |   | <b>STATE OR COUNTRY</b><br>NH  | <b>SHEETS DRAWING</b><br>9    | <b>TOTAL CLAIMS</b><br>26                  | <b>INDEPENDENT CLAIMS</b><br>5 |
| Verified and Acknowledged<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border-top: 1px solid black; width: 250px;">Examiner's Signature</div> <div style="border-top: 1px solid black; width: 100px;">Initials</div> </div>               |   |  |                               |  |                                |
| <b>ADDRESS</b><br>22907  |   |  |                               |  |                                |
| <b>TITLE</b><br>Endpoint packet scheduling system  |   |  |                               |  |                                |
| <b>FILING FEE RECEIVED</b><br>525  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div> |                               |  |                                |